PAIN CARE COALITION

A National Coalition for Responsible Pain Care

American Academy of Pain Medicine • American Pain Society
American Society of Anesthesiologists

August 29, 2017

The Honorable Chris Christie, Chair
President's Commission on Combating Drug Addiction
And The Opioid Crisis
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Re: The Commission's Interim Report

Dear Governor Christie:

The Pain Care Coalition is pleased to submit these comments for the Commission's consideration in response to its recently released interim report to the President ("Interim Report"). The Coalition applauds the comprehensive approach reflected in the Interim Report, and supports the general principles underlying most of its preliminary recommendations. We also believe that several areas identified for further development in your final report, particularly research and public education, are critically important.

Pain Care as a Public Health Priority

The Coalition appreciates that the Commission's principal focus must be on substance abuse and addiction, including the misuse and diversion of prescribed pain medications. However, we urge you and your colleagues to coordinate your work on those issues with the substantial work already accomplished or in process to improve the treatment of pain in America. This will ensure that efforts to curb abuse and diversion do not set back efforts to appropriately diagnose and treat the millions of Americans who suffer from acute and chronic pain. The Institute of Medicine's ground-breaking 2011 report *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research,* the Department of Health and Human Services' 2016 *National Pain Strategy,* developed in response to the IOM report, and most recently the National Academy of Medicine's 2017 report *Pain Management and the Opioid Epidemic,* are particularly noteworthy. Each represents important collaboration between government, professional experts and consumer groups in open and transparent

processes with significant public input. They deal with many of the issues addressed in your Interim Report, and we urge the Commission to make its final recommendations as consistent as possible with these previous efforts, which are now in various stages of implementation across government and the private sector.

Professional Education and Training

The Coalition strongly supports vigorous efforts to improve education across the health care professions in both pain management and substance abuse prevention and treatment. We believe the objective of those efforts should be to assure clinical competence in pain care, including but certainly not limited to the prescribing of controlled substances. Leaders in the Coalition's member societies are at the forefront of these efforts, which include at least the following.

- Curricular Improvement in both undergraduate and graduate health professions education. Medical schools in several states, including Massachusetts, Pennsylvania, Utah, Washington and West Virginia are leading the way, and institutions in other states will surely follow their example.
- Changes to the USMLE licensing tests so that all new practitioners will be required to demonstrate appropriate competencies in pain, controlled substance prescribing and substance abuse prevention.
- Changes to state professional licensure standards that emphasize the importance of these same competencies.

Existing Federal initiatives have an important role to play and can be expanded or accelerated. The FDA's Risk Evaluation and Mitigation ("REMS") program, NIH's Centers of Excellence in Pain Education ("CoEPEs") grant program, and the CDC's Guideline for Prescribing Opioids for Chronic Pain all support increased professional competency. The FDA is already in the process of significantly revising its REMS training materials to better reflect pain management, cover additional medication classes, and support training of non-physician professionals involved in pain management in clinical settings.

Additional federally supported initiatives, mostly in the form of joint public-private efforts, are outlined in the 2016 *National Pain Strategy,* and the Coalition believes that such multi-faceted, competency-focused approaches can be effective without usurping the traditional primacy of the states in matters of professional licensure and regulation.

Lastly, as the Commission fashions its final recommendations related to prescriber education, the Coalition urges an "all prescribers/all Schedules" approach. Initiatives focused only on opioid prescribing or only on Schedule II drugs, and that permit prescribers to avoid education by simply opting out of prescribing certain drugs, would likely lead to the prescribing of other controlled substances that have abuse potential, much like the differential scheduling of

oxycodone and hydrocodone (now corrected) contributed to the latter becoming the most widely prescribed, and perhaps abused, drug in the United States.

PDMPs and NASPER

The Coalition strongly supports vigorous prescription drug monitoring programs, and welcomes the Commission's support for federal funding and technical support. While substantial progress has been made, PDMPs remain a patchwork of state programs with little or no interoperability to share data across states still characterizing too many state programs. We believe there is a consensus in support of such interstate data sharing, and we believe the time has come for a federally maintained (or at least federally financed) national data base that could make this a reality.

The Coalition also supports inclusion in PDMPs of drugs prescribed as part of medication-assisted treatment. While the original prohibition on sharing this information was well intended, the information is vitally important to a clinician considering the prescribing of other controlled substances for pain conditions unrelated to the MAT.

The Coalition is disappointed that the Interim Report does not suggest a role for the recently reauthorized NASPER law in making both adequate funding and interoperability near term realties. The Coalition has long believed that the federal government's failure to implement and consistently fund the NASPER program represents a significant missed opportunity to speed the response to abuse and diversion, while at the same time making PDMPs powerful clinical tools that can improve patient care and safety. We urge the Commission to consider the important role that NASPER could play when it develops its final recommendations to the President.

As the Interim Report notes, some states have moved to require their prescribers to query the state PDMP prior to prescribing or renewing any controlled substance. The Coalition urges caution with respect to such a mandate at the federal level, whether through grant conditions or otherwise. Until every state PDMP functions in a user friendly manner, in real time, and with interstate data sharing, any such national mandate would be premature.

Funding Pain Research

We applaud the Commission for recognizing pain research as an area for further examination leading up to the issuance of your final recommendations. As the country grapples with the consequences of overuse and abuse of opioid medications for both acute and chronic pain, the search for effective new therapies has never been more important.

Indeed, Congress has recognized this imperative by passing the "STOP Pain Act" as Section 108 of the CARA legislation in the last Congress. That provision recognizes the work already underway through the Interagency Pain Research

Coordinating Committee (“IPRCC”) at NIH, the National Pain Strategy released last year, and the soon to be finalized Federal Pain Research Strategy, all of which support prioritization of pain research studies.

The essential next step is to provide adequate funding, and we urge the Commission to recommend that in its final report to the President. As with the support of prior Presidents for cancer and other research priorities, this is an area where Presidential leadership could make a real difference. .

Pain research has been woefully underfunded by virtually any measure. It has historically represented less than 2% of the NIH budget, with little if any growth in real terms in recent years. Compare this to the burden of pain as a public health problem:

- Pain costs the U.S. between $560 and 635 Billion annually (Institute of Medicine 2011), more than heart disease and cancer combined;
- Pain is a leading cause of disability and lost productivity in the workplace;
- Pain is the leading reason patients seek medical care;
- Pain affects Americans at all stages of life, whether as a primary disease in and of itself (e.g. low back pain and migraine), or as a symptom of a wide variety of other diseases and conditions (e.g. cancer, diabetes, and heart disease).

Support for pain research funding has suffered for many reasons, principal among them being the lack of a dedicated Institute or Center at NIH. As a consequence, pain-related grants are spread across many Institutes and Centers, no one of which has pain as its highest priority. In recent years, and with strong support from the Congress, NIH has developed important infrastructure to coordinate and prioritize these separate funding streams. This includes, in addition to the IPRCC noted above, the NIH Pain Consortium and an Office of Pain Policy. These need to be supported and strengthened.

Despite these efforts, research is unlikely to “move the needle” on either pain as a public health problem, or over-reliance on opioid prescribing for pain, unless a substantial and sustained funding commitment is made, specifically towards research on non-opioid treatment alternatives. Again, the Coalition hopes this Administration will give pain research the priority it deserves, and the time to do so is now.

Public Education

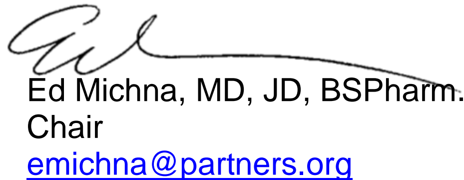
The Interim Report identifies a number of patient and public education opportunities for further exploration. The Coalition believes that some of these have already been developed as part of HHS’ 2016 *National Pain Strategy* and urges the Commission not to reinvent the wheel but instead to coordinate any recommendations made as part of its final report with those already underway at HHS. As noted previously, the HHS effort is very much a public-private

partnership, has already benefitted from significant expert involvement and public comment, and enjoys substantial professional and consumer support.

Conclusion

The Coalition's member societies represent tens of thousands of health care professionals dedicated to improving pain care, research and education. Its members appreciate the opportunity to express these views, and stand ready to work with you and your colleagues to advance our common objectives. If we can provide additional input on any of the issues noted above, please contact me at any time

Sincerely,



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